

EPSDT/Dental/Performance Measure Quarterly Report

CHILDHOOD and ADOLESCENT PERFORMANCE MEASURES

	1	2	3	4	5	6	7	8	9	10	11
Acute Contractor	EPSDT Participation	Well-Child Visits: 15 Months	Well-Child Visits: 3-6 Years	Children's Access to PCPs: 12-24 mths	Children's Access to PCPs: 25mths to 6yrs	Children's Access to PCPs: 7-11 yrs	Childhood Immunization 4:3:1:3:3:1 Series	Dental Visits	Adolescent Well-Care Visits	Adolescent's Access to PCPs: 12-19 years	Adolescent Immunization MMR
First Quarter #											
First Quarter %											
Second Quarter #											
Second Quarter %											
Third Quarter #											
Third Quarter %											
Fourth Quarter #											
Fourth Quarter %											
Minimum Performance Standard											

Narrative	evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring
First Quarter	
Second Quarter	
Third Quarter	
Fourth Quarter	

EPSDT/Dental/Performance Measure Quarterly Report

PROGRAM MONITORING: EPSDT Tracking Forms

EPSDT Requirements	1 EPSDT Eligible Members < 1 year old	2 EPSDT Eligible Members 1 to 2 years old	3 EPSDT Eligible Members 3 to 5 years old	4 EPSDT Eligible Members 6 to 21 years old	5 EPSDT Tracking Forms Received	6 Verbal Lead Screening	7 TB Screening	8 Oral health Screening by PCP	9 Developmental Screening	10 Behavioral Health referrals	11 CRS Referrals	12 WIC referrals	13 Head Start Referrals	14 Other (PT, OT, ST)
First Quarter #														
First Quarter %														
Second Quarter #														
Second Quarter %														
Third Quarter #														
Third Quarter %														
Fourth Quarter #														
Fourth Quarter %														

Narrative	evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring
First Quarter	
Second Quarter	
Third Quarter	
Fourth Quarter	

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PROGRAM MONITORING: Blood Lead Testing

	1	2
EPSDT Requirements	12 and 24 month old members	Blood Lead tests ordered
First Quarter #		
First Quarter %		
Second Quarter #		
Second Quarter %		
Third Quarter #		
Third Quarter%		
Fourth Quarter #		
Fourth Quarter %		

Narrative	evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring
First Quarter	
Second Quarter	
Third Quarter	
Fourth Quarter	

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PROGRAM MONITORING: CRS, Transition of 21 year old members

	1	2	3
EPSDT Requirements	CRS enrolled members	CRS enrolled members who turned 21 years of age during the reporting period	ETI received for CRS enrolled members who turned 21 years of age during the reporting period
First Quarter #			
First Quarter %			
Second Quarter #			
Second Quarter %			
Third Quarter #			
Third Quarter %			
Fourth Quarter #			
Fourth Quarter %			

Narrative	evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring
First Quarter	
Second Quarter	
Third Quarter	
Fourth Quarter	

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PROGRAM MONITORING: AzEIP

	1	2				3			4	
EPSDT Requirements	IFSP Forms Received	Request for authorization of services	Physical therapy	Occupational therapy	Speech therapy	Physical therapy approved	Occupational therapy approved	Speech therapy approved	Determinations approved in 14 days	Determinations denied 14 days
First Quarter #										
First Quarter %										
Second Quarter #										
Second Quarter %										
Third Quarter #										
Third Quarter %										
Fourth Quarter %										
Fourth Quarter #										

Narrative	Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring
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First Quarter	
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Second Quarter	
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Third Quarter	
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Fourth Quarter	
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PROGRAM MONITORING: PEDS

EPSDT Requirements	1 Members eligible for PEDS tool	2 Eligible members assigned to PEDS tool trained PCP	3 PEDS Screening Tools received	4 One or more concern(s) identified (predictive or non-predictive) Referred for further evaluation/therapy /number of predictive concern consults	5
First Quarter #					
First Quarter %					
Second Quarter #					
Second Quarter %					
Third Quarter #					
Third Quarter %					
Fourth Quarter #					
Fourth Quarter %					

Narrative Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring

First Quarter

Second Quarter

Third Quarter

Fourth Quarter

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PROGRAM MONITORING: CHILDHOOD OBESITY (PIMA Only)

	1	2
EPSDT Requirements	Eligible members (meeting criteria for Tier 4)	Enrolled in the Childhood Obesity Program
First Quarter #		
First Quarter %		
Second Quarter #		
Second Quarter %		
Third Quarter #		
Third Quarter %		
Fourth Quarter #		
Fourth Quarter %		

Narrative Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring

First Quarter

Second Quarter

Third Quarter

Fourth Quarter

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PROGRAM MONITORING: PROVIDER OUTREACH

	1	2	3	4	5	6
Provider Outreach	EPSDT Reminder Notification	Dental Reminders	Immunization Reminders	PEDS Education	Provider Incentives	Provider Newsletter (provide specifics in Narrative)
First Quarter #						
Second Quarter #						
Third Quarter #						
Fourth Quarter #						

Narrative	Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring
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First Quarter	
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Second Quarter	
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Third Quarter	
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Fourth Quarter	
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PROGRAM MONITORING: MEMBER OUTREACH: Childhood

	1	2	3	4	5	6	7	8
Member Outreach	EPSDT Reminder Notification	Dental reminder	Second EPSDT Reminder	Second Dental reminder	Immunization Mailings for < 24 Month Old	Member incentives provided (provide specifics in the narrative)	Member Newsletter (provide specifics in narrative)	Other (provide specifics in narrative)
First Quarter #								
Second Quarter #								
Third Quarter #								
Fourth Quarter #								

Narrative	Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring.
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First Quarter	
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Second Quarter	
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Third Quarter	
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Fourth Quarter	
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ADULT PERFORMANCE MEASURES

	1	2	3	4	5	6
Acute Contractor	Cervical Cancer Screening	Breast Cancer Screening	Adult Preventative / Ambulatory 20 - 44yrs	Adult Preventive/ Ambulatory Care 45-64yrs	Timeliness of Prenatal Care	Chlamydia Screening
First Quarter #						
First Quarter %						
Second Quarter #						
Second Quarter %						
Third Quarter #						
Third Quarter %						
Fourth Quarter #						
Fourth Quarter %						
Minimum Performance Standard						

Narrative	Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions interventions (monitoring, outreach) made as a result of monitoring
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First Quarter	
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Second Quarter	
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Third Quarter	
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Fourth Quarter	
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PROGRAM MONITORING: PROVIDER OUTREACH: Adults

	1	2	3	4	5	6	7	8	9	10
Provider Outreach	Cervical Cancer Screening	Breast Cancer Screening	Adult Preventative / Ambulatory	Timeliness of Prenatal Care	Chlamydia Screening	SOBRA Family Planning Extension Program Notification	Family Planning and STD Notification	Provider incentives provided (provide specifics in the	Provider Newsletter (provide specifics in Narrative)	Other (provide specifics in narrative)
First Quarter #										
Second Quarter #										
Third Quarter #										
Fourth Quarter #										

Narrative	Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring
First Quarter	

Second Quarter	
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Third Quarter	
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Fourth Quarter	
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PROGRAM MONITORING: MEMBER OUTREACH: Adults

	1	2	3	4	5	6	7	8	9	10
Member Outreach	Cervical Cancer Screening	Breast Cancer Screening	Adult Preventative / Ambulatory	Timeliness of Prenatal Care	Chlamydia Screening	Sobra Family Planning Extension Program Notification	Family Planning and STD Notification	Member incentives provided (provide specifics in the	Member Newsletter (provide specifics in Narrative)	Other (provide specifics in narrative)
First Quarter #										
Second Quarter #										
Third Quarter #										
Fourth Quarter #										

Narrative	Evaluate the effectiveness of monitoring. Include coordination of care; follow-up and other interventions (monitoring, outreach) made as a result of monitoring.
First Quarter	
Second Quarter	
Third Quarter	
Fourth Quarter	